

DONATION REQUEST FORM

ame:		
	Title:	
Email:		
Advisor's Name	2:	_ Advisor's Email:
	No. of members:	No. of active members:
☐ Officers ☐ Comm	ittee □ Other	
of membership?		
re, if available:		
How often do you meet? □ Weekly □ Monthly □ Quarterly □ Other		
List projects, events, and/or activities you are involved in and who they benefit:		
Which project, event or activity are you seeking help with? How many students will be involved?		
Time:	Location	:
you done, or do yo	u plan to do for this	event?
ent your group may	have created for thi	is event.
, , ,		
	Email: Advisor's Name Advisor's Name Officers □ Comm e: ber: jective: re, if available: Weekly □ Monthly □ activities you are inv ity are you seeking ity are you seeking Time: g: \$ W you done, or do you ent your group may	Email:Advisor's Name:No. of members: Officers □ Committee □ Other e: ber: jective: of membership? re, if available: Weekly □ Monthly □ Quarterly □ Other activities you are involved in and who t

Please email this form to Pearland Friendswood Area Aggie Mothers' Club at pfamcpres@aggienetwork.com at least 30 days prior to needing funds.